

# REGISTRATION FORM *November 15-16, 2007*

*Presented by Hawaii State Department of Health, Hawai'i Suicide Prevention Steering Committee  
& Task Force, Hawai'i S.P.E.A.R. Foundation of America, and HMSA*

## *Hope, Help & Healing*

### *Building a Safety Net—Getting Connected for Suicide Prevention*

*'A'ohē hana nui ke alu'ia: No task is too big when done together by all*

Name: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Your Name for Name Tag: \_\_\_\_\_

Title: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Agency/Organization: \_\_\_\_\_ FAX: \_\_\_\_\_

Address: \_\_\_\_\_

City/State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Email: \_\_\_\_\_

#### **In preparation for the 2nd day of the conference, we would like some information from you:**

- ☐ Yes, I would like to participate in the "Celebration of Life" Ceremony at Waikiki Beach (fronting the Duke Kahanamoku statue) on Friday, November 16, 2007, 6:15 a.m.
- ☐ Include my loved one's name during the ceremony's scattering of flowers and roll-call of names on the ocean. Name of individual who died by suicide: \_\_\_\_\_  
Relationship: \_\_\_\_\_ Birthday: \_\_\_\_\_ Memorial date: \_\_\_\_\_
- ☐ Yes, I am submitting a picture of my loved one in jpg format to be included in the DVD presentation at lunch on Friday, November 16, 2007. Deadline to submit picture is September 14, 2007, by 5 p.m.  
Email in jpg format to: [itsalohafriday@aol.com](mailto:itsalohafriday@aol.com) **Contact information: Pua Kaninau (808) 381 8424.**

#### **Please select one session in each of the Concurrent Sessions you will attend:**

##### **Day 1 – November 15, 2007:**

Concurrent Session I  
(select one)

- A) ☐  
B) ☐  
C) ☐  
D) ☐

Concurrent Session II  
(select one)

- E) ☐  
F) ☐  
G) ☐  
H) ☐

Concurrent Session III  
(select one)

- I) ☐  
J) ☐  
K) ☐  
L) ☐

##### **Day 2 – November 16, 2007:**

Concurrent Session IV  
(select one)

- M) ☐  
N) ☐  
O) ☐  
P) ☐

Concurrent Session V  
(select one)

- Q) ☐  
R) ☐  
S) ☐  
T) ☐

Lunches: Only check if vegetarian choice ☐

- Conference**    ☐ \$150 for 2 days (November 15 & 16, 2007)  
**Cost:**        ☐ \$85 for November 15 (Thursday) only  
                  ☐ \$85 for November 16 (Friday) only

**Mail or FAX this Registration Form with Payment to:**

Kapi'olani Community College  
Non-Credit Registration, Ilima 102A  
Suicide Prevention Conference  
4303 Diamond Head Road  
Honolulu, HI 96816

**FAX (808) 734-9447 / Phone: (808) 734-9211**

**For registration information call (808) 734-9138**

**Payment  
Method**

- ☐ Visa  
☐ MasterCard  
Name on Charge Card: \_\_\_\_\_  
Card No: \_\_\_\_\_  
Expiration Date: \_\_\_\_\_  
Signature: \_\_\_\_\_  
☐ Check/Money Order \$ \_\_\_\_\_  
Make checks payable to: **KAPI'OLANI COMMUNITY COLLEGE**  
With memo to read: Suicide Prevention Conference 2007  
☐ Purchase Order # \_\_\_\_\_  
Attach copy with authorized signature

**REGISTRATION:** Handled on a first come, first served basis. There is limited capacity. Deadline for registration is October 20, 2007. NO walk-in registrations will be accepted.

**CANCELLATION POLICY:** There will be a \$25.00 processing charge for cancellation. After October 31, 2007 no refunds will be made.

**SPECIAL NEEDS:** If you have special needs due to disability, please Call 586-5940 by October 15, 2007.

**HOTEL:** The conference rate for rooms at the Hilton Waikiki Prince Kuhio Hotel is \$189.00 + applicable taxes (based on space availability). Please contact the hotel at 1-888-557-4422 or (808) 921-5570 to make reservations.

**PARKING:** Valet parking only. Free with validation for conference attendees; tip welcome!